



Giving Children Affected By Homicide Hope for a Bright Future

Sheilah A. Doyle Foundation Scholarship Application Form

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness ensure your application will be reviewed properly.

APPLICANT DATA (REQUIRED)

Last Name _____ First _____ Middle Initial _____

Home Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ Email Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Please indicate your sex and race. (For statistical purposes only) Male Female

American Indian /Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

CURRENT PARENT OR LEGAL GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Telephone (_____) _____

Email Address _____ Fax Number (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Year in school **next** year: 1 2 3 4 5

Major or course of study _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Student Is: living on campus living off campus commuting from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your past work experience (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES INCLUDING COMMUNITY SERVICE

List all school activities in which you have participated in (e.g., student government, music, sports, etc.). List all community activities in which you have participated (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note any special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

OTHER SCHOLARSHIPS AND GRANTS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award: _____	School to which award will be applied: _____	Amount: \$ _____	Check One:
_____	_____	_____	Granted Pending
_____	_____	_____	Granted Pending

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official.

(A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

APPLICATION CHECKLIST

The student is responsible for submitting all required materials as listed on our website, <http://www.sadfund.org/scholarships> to the Sheilah A. Doyle Foundation on time.

All materials: high school transcript, birth certificate, college acceptance letter, two letters of recommendation (not family), copy of license, essay about personal tragedy and picture of loved one.

Sheilah A. Doyle Foundation Scholarship Program

Attn: Scholarship Department
801 Oak Creek Drive
Lombard, IL 60148

Please contact Kelly Paroubek, Director of Scholarships, with any questions at kellyp@sadfund.org or 708-645-6887.

CERTIFICATION

The Sheilah A. Doyle Foundation has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of the Sheilah A. Doyle Foundation. Please note that your social security number will not be shared with any other party. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet basic eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information I have given on this form, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____